cles are absent. In pulmonary, meningeal, and choroideal tuberculosis a correct diagnosis may be arrived at. The absence of choroideal tuberculosis is no proof of the non-existence of meningeal tuberculosis, which may be present in the absence of the former. The occurrence of the latter is, in general, indicated by an entire change in the previous symptoms. Tuberculosis of the lungs, though in early life it seldom occurs alone, is not, however, to be set down as the original source of the tubercular deposit in the pia mater and other locations. It is somewhat difficult, occasionally, to detect the presence of tubercles in the choroideal coat of the eye, in consequence of their excentric position. In order to bring them into view in such cases it is necessary to dilate the pupil by atropia. The restlessness of the child often increases greatly the difficulty of making a satisfactory examination of the eye, and of repeating it at proper intervals to enable us to watch the increase and progress of the tubercular deposit. In the diagnosis of acute tuberculosis of the lungs in early life, physical exploration is of little value; the presence of tubercles in the lungs is to be inferred, chiefly from the constantly increasing emaciation, the extreme slowness and constantly variable condition of the pulse and respiration, by the proportionately slight increase in the temperature of the surface, and by the absence of the pathognomonic symptoms of other forms of disease. In the course of acute pulmonary tuberculosis the intense dyspnœa, with the violent efforts to overcome it, is liable to give rise to more or less extensive emphysema of the lungs. It seldom amounts, however, to the interlobular form, and still less to the subpleural. A heretofore undescribed form is referred to by Dr. S., in which there took place a perforation of the pleura, allowing the contents of the subpleural air-vesicles to escape into the cavity of the chest, and thus giving rise to pneumothorax. It occurred in a girl three years old.—*Centralblatt f. d. Med. Wissenschaften*, July 16, 1870.

D. F. C.

20. *The Local Application of Carbolic Acid in the Treatment of Phthisis Pulmonalis and Diphtheria.*—Dr. C. G. ROTHE, in the *Berliner klinische Wochenschrift*, 1870, 23 u. 24, states that, prompted by the favourable results obtained from the employment of Lister's bandages in the treatment of ulcerated surfaces, he was prompted to make trial of inhalations of carbolic acid in cases of tuberculosis of the lungs, and speaks highly of their beneficial effects. Out of the six cases of phthisis reported, three were cured, notwithstanding the already advanced stage in which the disease presented itself in all of them. The others were probably cases of caseous pneumonia (*käsigepneumonien*) occurring during and hastening the fatal course of the tuberculosis. This must be received only as a probable conjecture, inasmuch as no post-mortem examination was made. The formula in which the carbolic acid was used by Dr. R. is as follows: Acid. carbolic. cryst., spir. vini, āā 1.0–2.0; aq. destill. 5.0; tinct. iodi 1.0.—M. Of this 10, 15, or 20 minims, with 30.0 of water, is to be inhaled. The addition of the iodine is merely for the purpose of abating the disagreeable smell of the carbolic acid. Dr. R. presents the following as a general summary of his observations as to the efficacy of inhalations of carbolic acid in pulmonary phthisis: 1. The earlier in the disease the less will be the extent of the ulcerated surface, and the more nearly will it approach in character to that of a local lesion, and the greater the prospect of a successful result. 2. The inhalations may be repeated from four to six times daily, for months. They should never be employed to the exclusion of such remedies as may be called for by any of the occurring symptoms. 3. The presence of fever and dyspnœa does not forbid the use of the inhalations; but when, from sudden exposure to cold, there ensues a catarrhal irritation of the entire extent of bronchial mucous membrane, it would seem that but little benefit is to be expected from the inhalations. 4. Hæmoptysis will with the greatest promptness be arrested by the inhalation of the chloride of iron; still, it is not improbable but that the inhalation of carbolic acid will act in such cases as a styptic; we know that creasote has been long employed as such in epistaxis. 5. The pertinacity with which the smell from the fumes of carbolic acid continues to pervade the atmosphere of closed apartments renders the breathing of such atmosphere beneficial in cases of diseased lungs; it is possible that, in persons predisposed to pulmonary consumption, occupying

an apartment filled with a similar atmosphere, the disease may be prevented. 6. The occurrence of bad symptoms is not to become a cause of despair.

In the same formula as above, Dr. R. directs the use of the carbolic acid in cases of diphtheria, but not by inhalation. It is to be directly applied to the seat of the disease by means of a hair pencil. At the same time the patient is to use as a gargle 10 to 15 drops of the above mixture to a tumbler (*grosse tasse*) of water. Previously to the introduction of this treatment nearly all Dr. R.'s cases of diphtheria terminated fatally; since its introduction, they have all run a favourable course.—*Centralblatt f. d. Med. Wissenschaften,* Sept. 17, 1870.

D. F. C.

21. *Tubercular Deposit in the Cerebellum.*—Dr. Simpson read to the Manchester Medical Society, notes of a case of cerebral disease of much interest. The patient was a boy aged 14, who, up to the end of 1869, had enjoyed good health, and whose family history was satisfactory. About Christmas he began to complain of severe shooting pain at the back of the head, intermittent in character, and at times so severe as to make him scream out. Soon afterwards he began to vomit; at first in the morning, but subsequently also after his meals. The vomiting was unaccompanied by nausea. His bowels became very costive. He continued in this state for some time, when, about the middle of April, he began to have a dull heavy expression, and also showed some difficulty in walking and articulating. It soon became evident that his sight was becoming impaired, and though he remained fairly intelligent, his memory became very defective. There was slight paralysis of the internal rectus of the left eye. The symptoms gradually became worse. His gait was not that of paralysis, but of want of co-ordinating power. On July 25th, his eyes were examined with the ophthalmoscope, by Mr. Windsor, who reported a large and swollen condition of the optic disk, with no distinct boundary, a swollen and tortuous condition of the veins, and other evidence of intracranial pressure. His progress was steadily downward, and he died on September 17th, comatose. At the *post-mortem* examination the head only could be examined. The veins of the dura mater were turgid, and the visceral arachnoid rather thick and opaque; and there were several ounces of slightly turbid cerebro-spinal fluid. There was a little lymph about the optic commissure and anterior margin of the pons. The venæ Galeni were very turgid. The whole brain substance was softened, particularly the parts at the base. Both lobes of the cerebellum contained numerous yellow masses of tubercle, varying in size from a pea to a marble. No tubercle was found elsewhere in the brain, and during life there was no evidence of its presence in any other organ. Dr. Simpson referred to the question of diagnosis, and discussed particularly the differential diagnosis of tubercle and hydatid cyst of the brain.—*British Med. Journal,* Oct. 22, 1870.

22. *Tubercle of the Spinal Cord.*—Dr. Eisenschitz, in the *Jahrbuch f. Kinderheilk.*, iii. 2, 1870, reports the case of a male child, 3½ years old, who after suffering for some three days from severe headache and wakefulness, was seized with partial paralysis of the lower extremities, and of the urinary bladder. There was diminished sensibility of the paralyzed limbs; with complete insensibility of all the parts below the eighth dorsal vertebra, rendering the child, otherwise endowed with great irritability of constitution, perfectly passive under the most painful manipulations of the parts thus affected with analgesia. The activity of the reflex nervous functions were altogether unimpaired. Decubitus was in consequence maintained. At the end of six weeks death ensued. The examination of the body after death revealed the existence of a condition of general tuberculization. Throughout nearly the entire extent of the cerebral pia mater there was a diffusion of miliary tubercles. Two cheese-like tumors, the size, nearly, of beans, were found imbedded in the right hemisphere of the cerebellum, and a similar tumour of the size of a pea in the spinal marrow, towards the lower part of its dorsal portion. That at this part of the cord there existed a lesion of, at least, the gray portion of the cord, was very evident during the lifetime of the patient. The white substance of the cord